



Tim Standley

Sheriff-Coroner
County of Sierra
State of California

100 Courthouse Square/PO Box 66
Downieville CA 95936
(530)289-3700 Fax (530) 289-3318

**SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL
INFORMATION**

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

☒ Civilian ☐ SCSO staff ☐ Both

Date of occurrence: 1/29/2019 Time of occurrence: 1750 hrs.

Incident Location (Address) (number, street, city, zip): 927 W. Sierra Brooks Dr. Loyalton, CA

Is this a K-12 Campus? Yes **No**

Underlying incident resulted in arrest? Yes **No**

Underlying incident resulted in crime report? Yes **No**

Corresponding SCSO Report #: 19-00130 Primary Agency? **Yes** No

Primary reason for contact: (Mark all that apply)

☐ Call for service ☐ Pre-planned activity ☒ **Welfare check** ☐ In custody event* ☐ Ped stop

☐ Vehicle/Bicycle/Boat Stop ☐ Investigation ☐ Public flag down ☐ Ambush-No warning

☐ Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

☐ In Transit ☐ Awaiting Booking ☐ Booked-No charges filed ☐ Booked-Awaiting trial

☐ Out to Court ☐ Sentenced ☐ Other:

Number of civilian(s) who assaulted officer(s): Number of officer(s) assaulted:

Number of officer(s) who used force: 2 Number of Civilian(s) who experienced use of force 1

Number of Officer(s) present on scene 2



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Civilian level of resistance:

☐ Cooperative ☐ Passive-non compliance ☒ Resistance ☐ Assaultive* ☐ Life-threatening*

Civilian armed with: ☐ Confirmed ☐ Perceived

☐ Firearm ☐ Stabbing instrument ☐ Other weapon:

***If armed, indicate if attempt was made to disarm (circle one): Yes No**

Civilian Injury: Yes No (If yes choose severity)

☒ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.

☐ Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Chemical spray

☐ Electronic Control Device ☐ Impact projectile ☐ Knife, Blade or Stabbing Instrument

☐ Other Dangerous Weapon ☐ K-9 Contact

Location(s) of force used (check all that apply):

☐ Head (circle all that apply) Front Side Rear ☐ Neck/throat ☐ Front upper torso/chest

☒ Rear upper torso/back ☐ Front lower torso/abdomen ☐ Rear lower torso/back ☐ Rear legs

☒ Front below waist/groin area ☐ Rear below waist/buttocks ☒ Arms/hands ☒ Front legs/feet



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Civilian Injury Type (Check all that apply):

- ☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☒ Abrasion/Laceration
☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

- ☒ None/Refused ☐ Treated at scene ☐ Treated at facility(released) ☒ Admitted to Hospital
☐ Admitted to Hospital with critical injuries

- Suspect was admitted to the hospital on a mental health hold.

Civilian Demographics:

Gender: (circle one) _____ Date of Birth: 09/16/1988

Male Female Transgender

Race:(check all that apply)

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic
☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan
☐ Other Pacific Islander ☐ Vietnamese ☒ White ☐ Other _____

Civilian Behavior:

Erratic behavior observed? **Yes** No

***If Yes, Indicate signs by checking all that apply:**

- ☒ Mental disability ☐ Developmental disability ☐ Physical Disability ☒ Drug impairment
☐ Alcohol impairment

SCSO Staff Injury: Yes **No** (If yes choose severity)

- ☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used:** Yes No



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Type of force used by civilian (check all that apply):

☐ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☐ Front upper torso/chest ☐ Rear upper torso/back ☐ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☒ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☒ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one): _____ Date of Birth 2/2/76

Male Female Transgender

***Was the staff member on duty?** Yes No



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Race (check all that apply):

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean
☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese
☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

- ☒ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☐ Plainclothes

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© 25-34cm











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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

[] Civilian [] SCSO staff [X] Both

Date of occurrence: 02/10/2019 Time of occurrence: 0850

Incident Location (Address) (number, street, city, zip): 10121 Pine Ave.

Truckee, CA 96161

Is this a K-12 Campus?

Yes

No

Underlying incident resulted in arrest?

Yes

No

Underlying incident resulted in crime report?

Yes

No

Corresponding SCSO Report #: 19-00199

Primary Agency?

Yes

No

Primary reason for contact: (Mark all that apply)

[X] Call for service [] Pre-planned activity [] Welfare check [] In custody event* [] Ped stop

[] Vehicle/Bicycle/Boat Stop [] Investigation [] Public flag down [] Ambush-No warning

[] Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

[] In Transit [] Awaiting Booking [] Booked-No charges filed [] Booked-Awaiting trial

[] Out to Court [] Sentenced [X] Other: Hospital 5150 W&I hold

Number of civilian(s) who assaulted officer(s): 1 Number of officer(s) assaulted: 1

Number of officer(s) who used force: 1 Number of Civilian(s) who experienced use of force 1

Number of Officer(s) present on scene 1



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Civilian level of resistance:

☐ Cooperative ☐ Passive-non compliance ☒ Resistance ☒ Assaultive* ☐ Life-threatening*

Civilian armed with: ☐ Confirmed ☐ Perceived

☐ Firearm ☐ Stabbing instrument ☐ Other weapon: _____ ☐ Not armed

***If armed, indicate if attempt was made to disarm (circle one):** Yes No

Civilian Injury: Yes No (If yes choose severity)

☒ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used:** Yes No

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.

☐ Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Chemical spray

☒ Electronic Control Device ☐ Impact projectile ☐ Knife, Blade or Stabbing Instrument

☐ Other Dangerous Weapon ☐ K-9 Contact

Location(s) of force used (check all that apply):

☐ Head (circle all that apply) Front Side Rear ☐ Neck/throat ☒ Front upper torso/chest

☐ Rear upper torso/back ☐ Front lower torso/abdomen ☐ Rear lower torso/back ☐ Rear legs

☐ Front below waist/groin area ☐ Rear below waist/buttocks ☐ Arms/hands ☐ Front legs/feet



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Civilian Injury Type (Check all that apply):

- ☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration
☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

- ☒ None/Refused ☐ Treated at scene ☐ Treated at facility(released) ☐ Admitted to Hospital
☐ Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one)

Date of Birth:

9/16/1988

☒ Male ☐ Female ☐ Transgender

Race:(check all that apply)

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic
☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan
☐ Other Pacific Islander ☐ Vietnamese ☒ White ☐ Other _____

Civilian Behavior:

Erratic behavior observed?

☒ Yes ☐ No

***If Yes, Indicate signs by checking all that apply:**

- ☐ Mental disability ☐ Developmental disability ☐ Physical Disability ☒ Drug impairment
☐ Alcohol impairment

SCSO Staff Injury:

☒ Yes

No

(If yes choose severity)

- ☒ Minor injury ☐ Serious bodily injury ☐ Death



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*If death is selected, indicate whether death occurred as a result of force used: Yes No

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Type of force used by civilian (check all that apply):

☒ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☒ Front upper torso/chest ☐ Rear upper torso/back ☐ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☐ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☒ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☒ None ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one):

☒ Male Female Transgender

Date of Birth

4/30/85



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*Was the staff member on duty? Yes No

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Race (check all that apply):

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean
☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese
☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

- ☒ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☐ Plainclothes

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

☐ Civilian ☐ SCSO staff ☒ Both

Date of occurrence: 8-24-18

Time of occurrence: 1318 HRS - 1650 HRS

Incident Location (Address) (number, street, city, zip): 100 COURTHOUSE SQUARE, DOWNIEVILLE, CA
SIERRA NEVADA HOSPITAL, GRASS VALLEY, CA

Is this a K-12 Campus?

Yes

☒ No

Underlying incident resulted in arrest?

☒ Yes

No

Underlying incident resulted in crime report?

☒ Yes

No

Corresponding SCSO Report #: 18-0879

Primary Agency? ☒ Yes

No

Primary reason for contact: (Mark all that apply)

☐ Call for service ☐ Pre-planned activity ☐ Welfare check ☒ In custody event* ☐ Ped stop

☐ Vehicle/Bicycle/Boat Stop ☐ Investigation ☐ Public flag down ☐ Ambush-No warning

☐ Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

☒ In Transit ☐ Awaiting Booking ☐ Booked-No charges filed ☐ Booked-Awaiting trial

☐ Out to Court ☐ Sentenced ☐ Other: _____

Number of civilian(s) who assaulted officer(s): 1 Number of officer(s) assaulted: 3

Number of officer(s) who used force: 3 Number of Civilian(s) who experienced use of force: 0

Number of Officer(s) present on scene: 3



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Civilian level of resistance:

[] Cooperative [] Passive-non compliance [] Resistance ☒ Assaultive* [] Life-threatening*

Civilian armed with: [] Confirmed [] Perceived

[] Firearm [] Stabbing instrument [] Other weapon: _____ ☒ Not armed

*If armed, indicate if attempt was made to disarm (circle one): Yes ☒ No

Civilian Injury: ☒ Yes No (If yes choose severity)

☒ Minor injury [] Serious bodily injury [] Death

*If death is selected, indicate whether death occurred as a result of force used: Yes ☒ No

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

Control Hold/takedown Carotid Restraint ☒ Other use of hands, fists, feet, etc.

[] Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray

[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument

[] Other Dangerous Weapon [] K-9 Contact

Location(s) of force used (check all that apply):

☒ Head (circle all that apply) ☒ Front ☒ Side ☒ Rear ☒ Neck/throat ☒ Front upper torso/chest

☒ Rear upper torso/back ☒ Front lower torso/abdomen ☒ Rear lower torso/back ☒ Rear legs

☒ Front below waist/groin area ☒ Rear below waist/buttocks ☒ Arms/hands ☒ Front legs/feet



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Civilian Injury Type (Check all that apply):

- ☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration
☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

- ☐ None/Refused ☒ Treated at scene ☐ Treated at facility(released) ☒ Admitted to Hospital 5150 HOLD
☐ Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one) _____ Date of Birth: 2-22-90

Male ☒ Female ☐ Transgender

Race:(check all that apply)

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic
☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan
☐ Other Pacific Islander ☐ Vietnamese ☒ White ☐ Other _____

Civilian Behavior:

Erratic behavior observed? ☒ Yes ☐ No

***If Yes, Indicate signs by checking all that apply:**

- ☒ Mental disability ☐ Developmental disability ☐ Physical Disability ☒ Drug impairment
☒ Alcohol impairment

SCSO Staff Injury: ☒ Yes ☐ No (If yes choose severity)

- ☒ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used:** Yes ☒ No



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Type of force used by civilian (check all that apply):

☒ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc MOUTH

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☐ Front upper torso/chest ☐ Rear upper torso/back ☒ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☒ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☒ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one): _____ Date of Birth 3-28-81

Male Female Transgender

*Was the staff member on duty?

Yes

No



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Race (check all that apply):

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☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese

☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

☒ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☐ Plainclothes

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

☒ Civilian ☐ SCSO staff ☐ Both

Date of occurrence: 7/12/18 Time of occurrence: 1248 hrs.

Incident Location (Address) (number, street, city, zip): Hwy 89 @ MPM
13.75

Is this a K-12 Campus? Yes No

Underlying incident resulted in arrest? Yes No

Underlying incident resulted in crime report? Yes No

Corresponding SCSO Report #: 18-01070 Primary Agency? Yes No

Primary reason for contact: (Mark all that apply)

☐ Call for service ☐ Pre-planned activity ☐ Welfare check ☐ In custody event* ☐ Ped stop
☐ Vehicle/Bicycle/Boat Stop ☐ Investigation ☒ Public flag down ☐ Ambush-No warning
☐ Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

☐ In Transit ☐ Awaiting Booking ☐ Booked-No charges filed ☐ Booked-Awaiting trial
☐ Out to Court ☐ Sentenced ☒ Other: 849b after hospital advised they would require a long monitoring period for 11550

Number of civilian(s) who assaulted officer(s): 1 Number of officer(s) assaulted: 1

Number of officer(s) who used force: 2 Number of Civilian(s) who experienced use of force 1

Number of Officer(s) present on scene 3 (and 1 officer in the ambulance during transport)



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Civilian level of resistance:

☐ Cooperative ☐ Passive-non compliance ☒ Resistance ☐ Assaultive* ☐ Life-threatening*

Civilian armed with: ☐ Confirmed ☐ Perceived

☐ Firearm ☐ Stabbing instrument ☒ Other weapon: Knife (removed on initial contact from pocket) ☐
☐ Not armed

***If armed, indicate if attempt was made to disarm (circle one): Yes No**

Civilian Injury: Yes No (If yes choose severity)

☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**

Type of force used by officer (Check all that apply):

☒ Physical contact (if checked circle options used)

Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.

☐ Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Chemical spray

☐ Electronic Control Device ☐ Impact projectile ☐ Knife, Blade or Stabbing Instrument

☐ Other Dangerous Weapon ☐ K-9 Contact

Location(s) of force used (check all that apply):

☐ Head (circle all that apply) Front Side Rear ☐ Neck/throat ☐ Front upper torso/chest

☒ Rear upper torso/back ☐ Front lower torso/abdomen ☐ Rear lower torso/back ☐ Rear legs

☒ Front below waist/groin area ☐ Rear below waist/buttocks ☒ Arms/hands ☒ Front legs/feet



Tim Standley

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State of California

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**SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL
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This form is to be used anytime physical force is used by or against any staff member
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Civilian Injury Type (Check all that apply):

- ☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration
☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

- ☒ None/Refused ☐ Treated at scene ☐ Treated at facility(released) ☐ Admitted to Hospital
☐ Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one) _____ Date of Birth: 03/31/1994 _____

Male Female Transgender

Race:(check all that apply)

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic
☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan
☐ Other Pacific Islander ☐ Vietnamese ☒ White ☐ Other _____

Civilian Behavior:

Erratic behavior observed? **Yes** No

***If Yes, Indicate signs by checking all that apply:**

- ☐ Mental disability ☐ Developmental disability ☐ Physical Disability ☒ Drug impairment
☐ Alcohol impairment

SCSO Staff Injury: Yes **No** (If yes choose severity)

- ☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used:** Yes No



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Type of force used by civilian (check all that apply):

☒ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown

Carotid Restraint

Other use of hands, fists, feet, etc

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☒ Front upper torso/chest ☐ Rear upper torso/back ☐ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☒ Arms/hands

☒ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☒ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one): _____ Date of Birth 2/2/76

Male Female Transgender

***Was the staff member on duty?**

Yes

No



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Race (check all that apply):

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean
☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese
☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other_____

Dress:

- ☒ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☐ Plainclothes

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

☒ Civilian ☐ SCSO staff ☐ Both

Date of occurrence: 01/20/2018 Time of occurrence: 1638

Incident Location (Address) (number, street, city, zip): 126 South Lincoln Highway Sierraville, CA 96126

Sierraville County Store

Is this a K-12 Campus? Yes ☒ No

Underlying incident resulted in arrest? ☒ Yes No

Underlying incident resulted in crime report? ☒ Yes No

Corresponding SCSO Report #: 18-00108 Primary Agency? ☒ Yes No

Primary reason for contact: (Mark all that apply)

☐ Call for service ☐ Pre-planned activity ☐ Welfare check ☐ In custody event* ☐ Ped stop

☒ Vehicle/Bicycle/Boat Stop ☐ Investigation ☐ Public flag down ☐ Ambush-No warning

☐ Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

☐ In Transit ☐ Awaiting Booking ☐ Booked-No charges filed ☐ Booked-Awaiting trial

☐ Out to Court ☐ Sentenced ☒ Other: N/A

Number of civilian(s) who assaulted officer(s): 1 Number of officer(s) assaulted: 1

Number of officer(s) who used force: 1 Number of Civilian(s) who experienced use of force 1

Number of Officer(s) present on scene 1



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**SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL
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Civilian level of resistance:

☐ Cooperative ☐ Passive-non compliance ☒ Resistance ☒ Assaultive* ☐ Life-threatening*

Civilian armed with: ☐ Confirmed ☐ Perceived

☐ Firearm ☐ Stabbing instrument ☐ Other weapon: _____ ☒ Not armed

***If armed, indicate if attempt was made to disarm (circle one):** Yes No

Civilian Injury: Yes ☒ No (If yes choose severity)

☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used:** Yes No

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

☒ Control Hold/takedown ☐ Carotid Restraint ☐ Other use of hands, fists, feet, etc.

☐ Discharge of Firearm (If checked circle all that apply)

☐ Handgun ☐ Rifle ☐ Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Chemical spray

☐ Electronic Control Device ☐ Impact projectile ☐ Knife, Blade or Stabbing Instrument

☐ Other Dangerous Weapon ☐ K-9 Contact

Location(s) of force used (check all that apply):

☐ Head (circle all that apply) Front Side Rear ☐ Neck/throat ☐ Front upper torso/chest

☐ Rear upper torso/back ☐ Front lower torso/abdomen ☐ Rear lower torso/back ☐ Rear legs

☐ Front below waist/groin area ☐ Rear below waist/buttocks ☒ Arms/hands ☐ Front legs/feet



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Civilian Injury Type (Check all that apply):

- ☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration
☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

- ☐ None/Refused ☐ Treated at scene ☒ Treated at facility(released) ☐ Admitted to Hospital
☐ Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one)

Date of Birth:

12/14/1975

Male ☒ Female ☐ Transgender

Race:(check all that apply)

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic
☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan
☐ Other Pacific Islander ☐ Vietnamese ☒ White ☐ Other _____

Civilian Behavior:

Erratic behavior observed?

☒ Yes

☐ No

***If Yes, Indicate signs by checking all that apply:**

- ☐ Mental disability ☐ Developmental disability ☐ Physical Disability ☒ Drug impairment
☒ Alcohol impairment

SCSO Staff Injury:

Yes

☒ No

(If yes choose severity)

- ☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**



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Type of force used by civilian (check all that apply):

☒ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☐ Front upper torso/chest ☒ Rear upper torso/back ☐ Front lower torso/abdomen

☒ Rear lower torso/back ☐ Front below waist/groin ☒ Rear below waist/buttocks ☐ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☒ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one):

Date of Birth 4/30/1985

☒ Male Female Transgender

***Was the staff member on duty?**

☒ Yes

No



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Race (check all that apply):

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean
☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese
☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

- ☒ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☐ Plainclothes

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

☒ Civilian ☐ SCSO staff ☐ Both

Date of occurrence: 03/06/18 Time of occurrence: 16:05

Incident Location (Address) (number, street, city, zip): 100 COURTHOUSE SQ.
DOWNIEVILLE, CA. 95936

Is this a K-12 Campus? Yes ☒ No

Underlying incident resulted in arrest? Yes No

Underlying incident resulted in crime report? ☒ Yes No

Corresponding SCSO Report #: 18-00312 Primary Agency? ☒ Yes No

Primary reason for contact: (Mark all that apply)

☐ Call for service ☐ Pre-planned activity ☐ Welfare check ☒ In custody event* ☐ Ped stop
☐ Vehicle/Bicycle/Boat Stop ☐ Investigation ☐ Public flag down ☐ Ambush-No warning
☐ Civil Disorder

*If this was an in custody incident choose from one of the following event options:

☐ In Transit ☒ Awaiting Booking ☐ Booked-No charges filed ☐ Booked-Awaiting trial
☐ Out to Court ☐ Sentenced ☒ Other: REMANDED BY SUPERIOR COURT JUDGE

Number of civilian(s) who assaulted officer(s): Number of officer(s) assaulted:

Number of officer(s) who used force: 1 Number of Civilian(s) who experienced use of force 1

Number of Officer(s) present on scene 3



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**SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL
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Civilian level of resistance:

☐ Cooperative ☒ Passive-non compliance ☒ Resistance ☐ Assaultive* ☐ Life-threatening*

Civilian armed with: ☐ Confirmed ☐ Perceived

☐ Firearm ☐ Stabbing instrument ☐ Other weapon: _____ ☒ Not armed

***If armed, indicate if attempt was made to disarm (circle one): Yes No**

Civilian Injury: Yes ☒ No (If yes choose severity)

☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

☒ Control Hold/takedown ☐ Carotid Restraint ☐ Other use of hands, fists, feet, etc.

☐ Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Chemical spray

☐ Electronic Control Device ☐ Impact projectile ☐ Knife, Blade or Stabbing Instrument

☐ Other Dangerous Weapon ☐ K-9 Contact

Location(s) of force used (check all that apply):

☐ Head (circle all that apply) Front Side Rear ☐ Neck/throat ☐ Front upper torso/chest

☐ Rear upper torso/back ☐ Front lower torso/abdomen ☐ Rear lower torso/back ☐ Rear legs

☐ Front below waist/groin area ☐ Rear below waist/buttocks ☒ Arms/hands ☐ Front legs/feet



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**SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL
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Civilian Injury Type (Check all that apply):

- ☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration
☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

- ☒ None/Refused ☐ Treated at scene ☐ Treated at facility(released) ☐ Admitted to Hospital
☐ Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one) _____ Date of Birth: 02/22/1990

Male ☒ Female ☐ Transgender

Race:(check all that apply)

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic
☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan
☐ Other Pacific Islander ☐ Vietnamese ☒ White ☐ Other _____

Civilian Behavior:

Erratic behavior observed? Yes ☒ No ☐

***If Yes, Indicate signs by checking all that apply:**

- ☐ Mental disability ☐ Developmental disability ☐ Physical Disability ☐ Drug impairment
☐ Alcohol impairment

SCSO Staff Injury: Yes ☒ No ☐ (If yes choose severity)

- ☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**



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Type of force used by civilian (check all that apply):

☐ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☐ Front upper torso/chest ☐ Rear upper torso/back ☐ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☐ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☐ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one): _____ Date of Birth 07/24/1968

☒ Male Female Transgender

*Was the staff member on duty? ☒ Yes No



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Race (check all that apply):

☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean

☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese

☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

☒ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☐ Plainclothes

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

☒ Civilian ☐ SCSO staff ☐ Both

Date of occurrence: 3/20/18

Time of occurrence: 1300

Incident Location (Address) (number, street, city, zip):

106 GRANITE AVE. LOYALTON, CA 96118

Is this a K-12 Campus?

Yes ☐ No ☒

Underlying incident resulted in arrest?

Yes ☒ No ☐

Underlying incident resulted in crime report?

Yes ☒ No ☐

Corresponding SCSO Report #: 18-00585

Primary Agency? ☒ Yes ☐ No

Primary reason for contact: (Mark all that apply)

☒ Call for service ☐ Pre-planned activity ☐ Welfare check ☐ In custody event* ☐ Ped stop

☐ Vehicle/Bicycle/Boat Stop ☐ Investigation ☐ Public flag down ☐ Ambush-No warning

☐ Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

☒ In Transit ☐ Awaiting Booking ☐ Booked-No charges filed ☐ Booked-Awaiting trial

☐ Out to Court ☐ Sentenced ☐ Other: _____

Number of civilian(s) who assaulted officer(s): 0 Number of officer(s) assaulted: 0

Number of officer(s) who used force: 1 Number of Civilian(s) who experienced use of force: 1

Number of Officer(s) present on scene: 1



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Civilian level of resistance:

[] Cooperative [] Passive-non compliance ☒ Resistance [] Assaultive* [] Life-threatening*

Civilian armed with: [] Confirmed [] Perceived

[] Firearm [] Stabbing instrument [] Other weapon: _____ [] Not armed

***If armed, indicate if attempt was made to disarm (circle one): Yes No**

Civilian Injury: ☒ Yes ☐ No (If yes choose severity)

☒ Minor injury [] Serious bodily injury [] Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

☒ Control Hold/takedown ☐ Carotid Restraint ☐ Other use of hands, fists, feet, etc.

[] Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray

[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument

[] Other Dangerous Weapon [] K-9 Contact

Location(s) of force used (check all that apply):

[] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest

[] Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs

[] Front below waist/groin area [] Rear below waist/buttocks ☒ Arms/hands [] Front legs/feet



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Civilian Injury Type (Check all that apply):

[] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury ☒ Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound

Medical Aid:

[] None/Refused [] Treated at scene ☒ Treated at facility(released) [] Admitted to Hospital
[] Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one)

Date of Birth:

10/4/1968

☒ Male Female Transgender

Race:(check all that apply)

[] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese ☒ White [] Other _____

Civilian Behavior:

Erratic behavior observed?

☒ Yes

No

***If Yes, Indicate signs by checking all that apply:**

[] Mental disability [] Developmental disability [] Physical Disability [] Drug impairment
[] Alcohol impairment

SCSO Staff Injury:

Yes

☒ No

(If yes choose severity)

[] Minor injury [] Serious bodily injury [] Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**



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County of Sierra
State of California

100 Courthouse Square/PO Box 66
Downieville CA 95936
(530)289-3700 Fax (530) 289-3318

**SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL
INFORMATION**

**This form is to be used anytime physical force is used by or against any staff member
employed by the Sierra County Sheriff's Office**

Page 4 of 5

Type of force used by civilian (check all that apply):

☐ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☐ Front upper torso/chest ☐ Rear upper torso/back ☐ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☐ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☒ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one): _____

Date of Birth 4/30/1985

☒ Male Female Transgender

***Was the staff member on duty?**

☒ Yes

No



Tim Standley

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Sheriff-Coroner
County of Sierra
State of California

**SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL
INFORMATION**

This form is to be used anytime physical force is used by or against any staff member
employed by the Sierra County Sheriff's Office

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Race (check all that apply):

☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean

☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese

☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

☒ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☒ Plainclothes

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

☒ Civilian ☐ SCSO staff ☐ Both

Date of occurrence: 11/2/2018 Time of occurrence: 1520 hours

Incident Location (Address) (number, street, city, zip): Vicinity of Main Street and Hill Street Loyalton

Is this a K-12 Campus?

Yes

☒ No

Underlying incident resulted in arrest?

☒ Yes

No

Underlying incident resulted in crime report?

☒ Yes

No

Corresponding SCSO Report #: 18-01759

Primary Agency? ☒ Yes No

Primary reason for contact: (Mark all that apply)

☐ Call for service ☐ Pre-planned activity ☐ Welfare check ☐ In custody event* ☐ Ped stop

☐ Vehicle/Bicycle/Boat Stop ☒ Investigation ☐ Public flag down ☐ Ambush-No warning

☐ Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

☐ In Transit ☐ Awaiting Booking ☐ Booked-No charges filed ☐ Booked-Awaiting trial

☐ Out to Court ☐ Sentenced ☐ Other: _____

Number of civilian(s) who assaulted officer(s): 0 Number of officer(s) assaulted: 0

Number of officer(s) who used force: 1 Number of Civilian(s) who experienced use of force: 1

Number of Officer(s) present on scene 2 **WHEN FORCE WAS USED.**



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Civilian level of resistance:

[] Cooperative [] Passive-non compliance ☒ Resistance [] Assaultive* [] Life-threatening*

Civilian armed with: [] Confirmed ☒ Perceived **UNKNOWN WEAPONS**

[] Firearm [] Stabbing instrument [] Other weapon: _____ [] Not armed

***If armed, indicate if attempt was made to disarm (circle one): Yes No**

Civilian Injury: ☒ Yes ☐ No (If yes choose severity)

☒ Minor injury [] Serious bodily injury [] Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.

[] Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray

☒ Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument

[] Other Dangerous Weapon [] K-9 Contact

Location(s) of force used (check all that apply):

[] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest

☒ Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs

[] Front below waist/groin area [] Rear below waist/buttocks ☒ Arms/hands [] Front legs/feet



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Civilian Injury Type (Check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☒ Abrasion/Laceration
☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

☒ None/Refused ☐ Treated at scene ☒ Treated at facility(released) ☐ Admitted to Hospital
☐ Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one)

Date of Birth:

2/4/1984

☒ Male ☐ Female ☐ Transgender

Race:(check all that apply)

☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic
☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan
☐ Other Pacific Islander ☐ Vietnamese ☒ White ☐ Other _____

Civilian Behavior:

Erratic behavior observed?

Yes

☒ No

***If Yes, Indicate signs by checking all that apply:**

☐ Mental disability ☐ Developmental disability ☐ Physical Disability ☐ Drug impairment
☐ Alcohol impairment

SCSO Staff Injury:

☒ Yes

No

(If yes choose severity)

☒ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**



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Type of force used by civilian (check all that apply):

☐ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☐ Front upper torso/chest ☐ Rear upper torso/back ☐ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☐ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☐ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one): _____

Date of Birth 4/30/1985

☒ Male Female Transgender

***Was the staff member on duty?**

☒ Yes

No



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Race (check all that apply):

- ☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean
☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese
☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

- ☐ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☒ Plainclothes - WITH TAC VEST

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

[X] Civilian [] SCSO staff [] Both

Date of occurrence: 11/29/17 Time of occurrence: Approx. 2100

Incident Location (Address) (number, street, city, zip): 589 Longhorn Drive Loyalton, CA 96118

Is this a K-12 Campus?

Yes

No

Underlying incident resulted in arrest?

Yes

No

Underlying incident resulted in crime report?

Yes

No

Corresponding SCSO Report #: 17-02029

Primary Agency?

Yes

No

Primary reason for contact: (Mark all that apply)

[X] Call for service [] Pre-planned activity [] Welfare check [] In custody event* [] Ped stop

[] Vehicle/Bicycle/Boat Stop [] Investigation [] Public flag down [] Ambush-No warning

[] Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

[] In Transit [] Awaiting Booking [] Booked-No charges filed [] Booked-Awaiting trial

[] Out to Court [] Sentenced [] Other: _____

Number of civilian(s) who assaulted officer(s): 0 Number of officer(s) assaulted: 0

Number of officer(s) who used force: 1 Number of Civilian(s) who experienced use of force 1

Number of Officer(s) present on scene 1



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Civilian level of resistance:

☐ Cooperative ☐ Passive-non compliance ☒ Resistance ☐ Assaultive* ☐ Life-threatening*

Civilian armed with: ☐ Confirmed ☒ Perceived

☒ Firearm ☐ Stabbing instrument ☐ Other weapon: _____ ☐ Not armed

***If armed, indicate if attempt was made to disarm (circle one): Yes No**

Civilian Injury: ☒ Yes ☐ No (If yes choose severity)

☒ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

☒ Control Hold/takedown ☐ Carotid Restraint ☐ Other use of hands, fists, feet, etc.

☐ Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Chemical spray

☐ Electronic Control Device ☐ Impact projectile ☐ Knife, Blade or Stabbing Instrument

☐ Other Dangerous Weapon ☐ K-9 Contact

Location(s) of force used (check all that apply):

☐ Head (circle all that apply) Front Side Rear ☐ Neck/throat ☐ Front upper torso/chest

☐ Rear upper torso/back ☐ Front lower torso/abdomen ☐ Rear lower torso/back ☐ Rear legs

☐ Front below waist/groin area ☐ Rear below waist/buttocks ☒ Arms/hands ☐ Front legs/feet



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**SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL
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Page 3 of 5

Civilian Injury Type (Check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☒ Abrasion/Laceration
☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

☒ None/Refused ☐ Treated at scene ☐ Treated at facility(released) ☐ Admitted to Hospital
☐ Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one) _____ Date of Birth: 01/05/1975 _____

☒ Male ☐ Female ☐ Transgender

Race:(check all that apply)

☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic
☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan
☐ Other Pacific Islander ☐ Vietnamese ☒ White ☐ Other _____

Civilian Behavior:

Erratic behavior observed? ☒ Yes ☐ No

***If Yes, Indicate signs by checking all that apply:**

☐ Mental disability ☐ Developmental disability ☐ Physical Disability ☐ Drug impairment
☒ Alcohol impairment

SCSO Staff Injury: Yes ☒ No (If yes choose severity)

☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used: Yes No**



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Type of force used by civilian (check all that apply):

☐ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☐ Front upper torso/chest ☐ Rear upper torso/back ☐ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☐ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☒ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one):

Date of Birth

4/30/1985

☒ Male ☐ Female ☐ Transgender

***Was the staff member on duty?**

☒ Yes

☐ No



Tim Standley

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Race (check all that apply):

☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean

☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese

☒ White ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

☒ Patrol Uniform
☐ Tactical Uniform
☐ Utility Uniform
☐ Plainclothes

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Mike Fisher

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Sierra County
County of Sierra
State of California

SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Page 1 of 5

Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)

☒ Civilian ☐ SCSO staff ☐ Both

Date of occurrence: 07/19/2019 Time of occurrence: appx. 2124 hrs.

Incident Location (Address) (number, street, city, zip): Sierra County Sheriff's Office.

Is this a K-12 Campus? Yes **No**

Underlying incident resulted in arrest? **Yes** No

Underlying incident resulted in crime report? **Yes** No

Corresponding SCSO Report #: 19-01056 Primary Agency? **Yes** No

Primary reason for contact: (Mark all that apply)

☐ Call for service ☐ Pre-planned activity ☐ Welfare check ☒ In custody event* ☐ Ped stop
☐ Vehicle/Bicycle/Boat Stop ☐ Investigation ☐ Public flag down ☐ Ambush-No warning
☐ Civil Disorder

***If this was an in custody incident choose from one of the following event options:**

☐ In Transit ☒ Awaiting Booking ☐ Booked-No charges filed ☐ Booked-Awaiting trial
☐ Out to Court ☐ Sentenced ☐ Other: _____

Number of civilian(s) who assaulted officer(s): ____ Number of officer(s) assaulted: ____

Number of officer(s) who used force: 1 Number of Civilian(s) who experienced use of force ____

Number of Officer(s) present on scene ____



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Sierra County Sheriff
County of Sierra
State of California

SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

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Civilian level of resistance:

☐ Cooperative ☐ Passive-non compliance ☒ **Resistance** ☒ **Assaultive*** ☐ Life-threatening*

Civilian armed with: ☐ Confirmed ☐ Perceived

☐ Firearm ☐ Stabbing instrument ☐ Other weapon: _____ ☐ Not armed

*If armed, indicate if attempt was made to disarm (circle one): Yes No

Civilian Injury: Yes No (If yes choose severity)

☒ Minor injury ☐ Serious bodily injury ☐ Death

*If death is selected, indicate whether death occurred as a result of force used: Yes No

Type of force used by officer (Check all that apply):

☒ Physical contact (If checked circle options used)

Control Hold/takedown Carotid Restraint ☒ **Other use of hands**, fists, feet, etc.

☐ Discharge of Firearm (If checked circle all that apply)

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Chemical spray

☐ Electronic Control Device ☐ Impact projectile ☐ Knife, Blade or Stabbing Instrument

☐ Other Dangerous Weapon ☐ K-9 Contact

Location(s) of force used (check all that apply):

☐ Head (circle all that apply) Front Side Rear ☐ Neck/throat ☒ **Front upper torso/chest**

☐ Rear upper torso/back ☐ Front lower torso/abdomen ☐ Rear lower torso/back ☐ Rear legs

☐ Front below waist/groin area ☐ Rear below waist/buttocks ☐ Arms/hands ☐ Front legs/feet



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Civilian Injury Type (Check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical Aid:

☒ **None/Refused** ☐ Treated at scene ☐ Treated at facility(released) ☐ Admitted to Hospital

☐ Admitted to Hospital with critical injuries

Civilian Demographics:

Gender: (circle one) _____ Date of Birth: 11/08/1981

Male Female Transgender

Race: (check all that apply)

☐ American Indian ☐ Asian Indian ☐ Black ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hispanic

☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Korean ☐ Laotian ☐ Other Asian ☐ Samoan

☐ Other Pacific Islander ☐ Vietnamese ☒ **White** ☐ Other _____

Civilian Behavior:

Erratic behavior observed? **Yes** No

***If Yes, Indicate signs by checking all that apply:**

☐ Mental disability ☐ Developmental disability ☐ Physical Disability ☐ Drug impairment

☒ **Alcohol impairment**

SCSO Staff Injury: Yes **No** (If yes choose severity)

☐ Minor injury ☐ Serious bodily injury ☐ Death

***If death is selected, indicate whether death occurred as a result of force used:** Yes No



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Type of force used by civilian (check all that apply):

☐ Physical Contact (If checked, circle all options that apply)

Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc

☐ Discharge of Firearm (If checked, circle all that apply):

Handgun Rifle Shotgun

☐ Vehicle contact ☐ Blunt/Impact weapon ☐ Chemical Spray ☐ Electronic Control Device

☐ Impact Projectile ☐ Knife, Blade or Stabbing Instrument ☐ Animal ☐ Other dangerous weapon

Location(s) of force used (check all that apply):

☐ Head (if checked circle all that apply): Front Side Rear

☐ Neck/throat ☐ Front upper torso/chest ☐ Rear upper torso/back ☐ Front lower torso/abdomen

☐ Rear lower torso/back ☐ Front below waist/groin ☐ Rear below waist/buttocks ☐ Arms/hands

☐ Front legs/feet ☐ Rear legs

Injury Type (check all that apply):

☐ Unconsciousness ☐ Concussion ☐ Bone fracture ☐ Internal Injury ☐ Abrasion/Laceration

☐ Obvious disfigurement ☐ Gunshot wound ☐ Stabbing wound

Medical aid:

☐ None/Refused ☐ Treated at scene ☐ Treated at Hospital & Released ☐ Admitted to hospital

☐ Admitted to Hospital with critical injuries

SCSO Staff Member Demographics:

Gender (circle one): _____ Date of Birth 02/02/1976

Male Female Transgender

***Was the staff member on duty?** **Yes** No



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Race (check all that apply):

☐ American Indian ☐ Asian Indian ☐ Black ☐ Hispanic ☐ Cambodian ☐ Chinese ☐ Korean

☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese

☒ **White** ☐ Other Asian ☐ Other Pacific Islander ☐ Other _____

Dress:

☒ **Patrol Uniform**

☐ Tactical Uniform

☐ Utility Uniform

☐ Plainclothes

This five page form will be completed for each separate use of force by or against a staff member of the Sierra County Sheriff's Office (Both sworn and non-sworn employees). This form will not be attached to any other reports or documents. Upon completion of this five page form, line personnel will submit the completed form to their immediate supervisor prior to the end of their shift. If any line personnel are unable to complete this form due to injury, their immediate supervisor will complete the form on their behalf and to the best of the supervisor's knowledge of the circumstances surrounding the involved incident. All completed forms will be forwarded to the Undersheriff as soon as practical by the immediate supervisor.